PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

920522-94653

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
		(Column	(Column 1)		(Column 2)		TYPE		OR			
TOTAL CLAIMS			28					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	[BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			⊋ & minus 20=		* 8			X\$ 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			3 minus 3 =		* Ø			X42=		OR	X84=	, , , ,
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	894
CLAIMS AS AMENDED - PART II							SMALL ENTITY			OD.	OTHER THAN OR SMALL ENTITY	
		(Column 1) CLAIMS		(Colur		(Column 3)		SWALL		OR	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CL AIM	=		X42=		OR	X84=	
				LINDLIN	CLAIN			+140=		OR	+280=	
	115	28					A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	1	(Column 1)		(Colu	mn 2)	(Column 3)				-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- CL AIR4			X42=		OR	X84=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		'	+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=		X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL	
**	***If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 12/02)